



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

FONDREN ORTHOPEDIC GROUP
7401 SOUTH MAIN
HOUSTON TEXAS 77030

Respondent Name

WAL MART ASSOCIATES INC

Carrier's Austin Representative

Box Number 53

MFDR Tracking Number

M4-13-0464-01

MFDR Date Received

October 16, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary taken from the request for reconsideration letter: "Claim was processed and CPT code 29875 denied stating per NCCI edits. We have added a 59 modifier to CPT code 29875 as this was done in a separate compartment then the 29881 and is payable separately. I have attached a copy of the operative report as well for supporting documentation. We are respectfully requesting you reprocess this claim and pay accordingly."

Amount in Dispute: \$169.72

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Per NCCI, as both procedures performed in same operative session, at same anatomic site (one same knee), on contiguous structures, modifier 59 may not be used to bypass the Edit; the code pair may not be reported together."

Response Submitted by: Hoffman Kelley

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 26, 2012	29875-59	\$169.72	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline procedures for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- B15 – Payment adjusted because this procedure/service is not paid separately
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another

service/procedure that has already been adjudicated

- 899 – In accordance with clinical based coding edits (National Correct Coding Initiative/outpatient code editor) component codes of comprehensive surgery; musculoskeletal system procedures (2000-29999) has been disallowed
- 299 – This service is integral part of total service performed and does not warrant separate procedure charge
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct; therefore, no additional allowance appears to be warranted.

Issues

1. Did the requestor meet the requirements of 28 Texas Administrative Code §133.307?
2. Did the requestor meet the requirements of 28 Texas Administrative Code §133.250?
3. Did the requestor bill in conflict with the NCCI edits?
4. Did the requestor submit documentation to support the use of the -59 modifier?
5. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §133.307 "(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (J) a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (relating to General Medical Provisions)"
 - The requestor seeks reimbursement in the amount of \$169.72 for CPT code 29875-59-LT rendered on March 26, 2012.
 - Review of the CMS-1500 list's one CPT code for date of service March 26, 2012, CPT code 29875-59-LT.
 - Review of the EOB's submitted by both the requestor and the insurance carrier note that two CPT codes were audited by the insurance carrier for date of service March 26, 2012, CPT codes 29875-59-LT and 29881.
 - The requestor has therefore not meet the requirements of 28 Texas Administrative Code §133.307.
2. Per 28 Texas Administrative Code §133.250 "(d) The request for reconsideration shall: (1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill."
 - Review of the CMS-1500 submitted for review lists one CPT code on the CMS-1500 bill dated June 19, 2012. The bill also indicates a total charge of \$2,590.00.
 - Review of the EOB's revealed that the requestor initially billed for two CPT codes, 29875-59-LT and 29881. The EOB's indicated a billed amount of \$5,290.00
 - The requestor is required to submit a request for reconsideration as originally billed and include the same billing codes and dollar amounts as the original bill.
 - The requestor has therefore not meet the requirements of 28 Texas Administrative Code §133.250.
3. Per 28 Texas Administrative Code §134.203 "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."
 - The requestor billed the following CPT codes on March 26, 2012; 29875-59-LT and 29881.
 - NCCI edits were run to determine if edit conflicts exists for the following CPT codes; 29875-59-LT and 29881.
 - Per CCI Guidelines, Procedure Code 29875 [ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX] has a CCI conflict with Procedure Code 29881 [ARTHROSCOPY KNEE SURGERY WITH MENISCECTOMY MED/LAT W/SHAVING].

4. Review of the submitted documentation finds that the requestor did not meet the requirements for appending modifier -59 to CPT code 29875-59-LT. The requestor did not identify in the documentation presented for review that the procedure is a distinct or independent procedure from other services performed on the same day. The CPT code 29875-59-LT has an NCCI edit conflict with CPT code 29881 reimbursed by the insurance carrier.
5. For the reasons indicated above, separate reimbursement for CPT code 29875-59-LT is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	September 13, 2013 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.